


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90051 004 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N34391</b><br>1. Entity Name<br><b>MULBERRY HIGH SCHOOL ACADEMIC BOOSTER CLUB, INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>C/O CHARLES L. CARLTON<br/>2120 LAKELAND HILLS BLVD.<br/>LAKELAND FL 33805</b>  |   |  | Mailing Address<br><b>C/O CHARLES L. CARLTON<br/><del>2120 LAKELAND HILLS BLVD.</del><br/><del>LAKELAND FL 33805</del></b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>P.O. Box 813</b><br>Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State<br><b>Mulberry FL</b>   |  | 4. FEI Number<br><b>59-2935132</b>   |  |
| Zip<br><b>33860</b>   |   | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>NATTKEMPER, LAURIE<br/>3621 JADE LANE<br/>MULBERRY FL 33860</b>   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code       |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u>Laurie L. Nattkemper</u> DATE <u>4-6-04</u><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>  |   |  |  |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |   | 9. Election Campaign Financing<br><input checked="" type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>NATTKEMPER, LAURIE<br>3621 JADE LANE<br>MULBERRY FL 33860 <input type="checkbox"/> Delete             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HARDEE, DONZELLA<br>6611 NEWMAN CIRCLE E<br>LAKELAND FL 33811 <input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD Nancy Hutton<br>6611 Newman Circle E.<br>Lakeland FL 33811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>DAVIS, SANDRA<br>6316 NEWMAN CIRCLE W<br>LAKELAND FL 33811 <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>GIBERTI, JAN<br>3380 FLAMINGO LN<br>MULBERRY FL 33860 <input type="checkbox"/> Delete                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |  |  |
| SIGNATURE: <u>Laurie L. Nattkemper</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | Date <u>4-6-04</u> Daytime Phone # <u>863-425-2458</u>   |  |  |

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MOORE CR2E037 (11/03)